


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 25, 2007 8:00 am**  
**Secretary of State**

01-25-2007 90028 041 \*\*\*\*70.00

<b>DOCUMENT # N01000006098</b> 1. Entity Name <b>UNITED CHRISTIAN FELLOWSHIP MINISTRIES, INC.</b>					
Principal Place of Business <b>620 SW 8TH COURT DELRAY BEACH, FL 33444</b>			Mailing Address <b>3001 N.W. 24 STREET FORT LAUDERDALE, FL 33311</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>65-1152397</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>NELSON, EULA 1420 NW 20TH COURT, #A FT. LAUDERDALE, FL 33311</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MCCASKILL, FRANK SR. 3001 NW 24 STREET FT. LAUDERDALE, FL 33311	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DAVIS, MARVALYN 812 SW 24 AVE. FT. LAUDERDALE, FL 33312	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANTRELLE, JOE 481 E. EVANSTON CIRCLE FT. LAUDERDALE, FL 33312	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCLOVER, DOROTHY 13231 ROBIN GLEN DR HOUSTON, TX 77083	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WHEELER, ALMA 1519 NW 14 ST FT. LAUDERDALE, FL 33311	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DAVIS, MARVALYN 4440 S.W. 55th Avenue DAVIE, FL 33314				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>Frank D. McCaskill</i> <b>FRANK D. MCCASKILL</b> 1/22/07 954-7336649					

ATTACHMENT  
~~60006684~~  
~~# NO 1000006098~~

Note

Mail Certificate To:

FRANK D. McCaskill

3001 N.W. 24 St.

Ft. Lauderdale FL 33311

Phone:

954 733 6649